

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20868

State File No. _____

RECEIVED JUN 22 1956

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4241 Registrar's No. 104

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Oak Grove</u> | | c. CITY OR TOWN <u>Kansas City</u> | |
| c. LENGTH OF STAY (in this place) | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>O Hiway & Outerbelt Road</u> | | e. STREET ADDRESS (If rural, give location) <u>3050 Harrison</u> | |

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|---|--|-------------|--|-----------|--|
| 3. NAME OF DECEASED (Type or Print) <u>CHEKOTAH</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 14, 1956</u> | | |
| a. (First) | | b. (Middle) | | c. (Last) | |
| MILES | | | MILES | | |

| | | | | | | | | | | | |
|--|--|----------------------------------|--|---|--|--|--|---|--|--|--|
| 5. SEX <u>Fe</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | | 8. DATE OF BIRTH <u>3/3/1931</u> | | 9. AGE (In years last birthday) Months Days <u>22 3 11</u> | | IF UNDER 1 YEAR IF UNDER 2 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Singer</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Entertainment</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Ernest Miles</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ida May Stiffler</u> | | 14. NAME OF HUSBAND OR WIFE <u>Unknown</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>Unknown</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. B. O. Newsom, San Bernardino, Calif.</u> | |

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|---|--|---|--|--|--|---|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | <u>Contusions Chest Fractures</u> | | | | | |
| ANTECEDENT CAUSES | | <u>Face Fractured Rt Femur</u> | | | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | <u>Fr L Tibia & Fibula</u> | | | | | |
| DUE TO (b) | | <u>Heart & Inspectors</u> | | | | | |
| DUE TO (c) | | <u>No Post Mortem</u> | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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|---|--|---|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, in factory, street, office bldg., etc.) <u>Highway</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson MO</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-14-56</u> | | 21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Three Car Collision</u> | |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

| | | | | | |
|--|--|---------------------------------------|--|--|--|
| 23a. SIGNATURE (Degree or title) <u>Dr. A. Owens Carter</u> | | 23b. ADDRESS <u>1034 Park Blvd</u> | | 23c. DATE SIGNED <u>6-16-56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>6/15/56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Clinton</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Clinton Missouri</u> | | | | | |

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|--|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <u>6-15-1956</u> | | REGISTRAR'S SIGNATURE <u>D.B. Langford</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leola Newsom Independence, Mo.</u> | |
|--|--|---|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

8

SEP 25 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
J. H. Gibson

Licensed Embalmer No. *4871*
P. O. Address *Indep. 7th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.